

09 JUL -7 PM 1:28

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)

Al Franken

(b) Address (number and street)

P.O. Box 583144

(c) City, State and ZIP Code

Minneapolis

MN

55458

☐ Check if address changed

2. Identification Number

S8MN00438

3. Is This

Statement

☐ New
(N)

OR

☒ Amended
(A)

4. Party Affiliation

DEMOCRATIC-FARM-LABOR

5. Office Sought

Senate

6. State & District of Candidate

MN 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2008 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

Al Franken for Senate

(b) Address (number and street)

P.O. Box 583144

(c) City, State and ZIP Code

Minneapolis

MN

55458

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

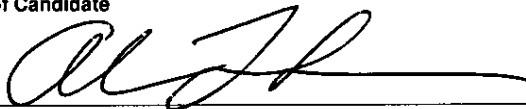
(b) Address (number and street)

(c) City, State and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate

Al Franken



Date

06/22/2009

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Boxer-Franken 2009

(b) Address (number and street)

777 S. Figueroa St., #4050

(c) City, State and ZIP Code

Los Angeles

90017

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Franken Recount Fund

(b) Address (number and street)

4190 Vinewood Lane, #111-554

(c) City, State and ZIP Code

Minneapolis

55442

29020214016

Al Franken
 DEMOCRAT FOR U.S. SENATE ★
 P.O. Box 583144
 Minneapolis, MN 55458-3144

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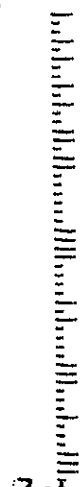


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NANCY ERICKSON
SECRETARY

PAMELA S. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-2116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

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